

Facility Request



Bill Crothers Secondary School
44 Main Street,
Unionville, Ontario. L3R 2E4



Name of School/Organization _____

Purpose of Function: _____

Contact Name: _____ Person in Charge Date of Function _____

Phone Number: _____ Ext.: _____

Day of Week	Start Date	End Date	Entry Time	Exit Time
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

No of Participants _____

Facility Requested:

- ☐ Classroom(s) (quantity) _____ ☐ Science Lab _____ ☐ Gym Double _____
☐ Cafeteria _____ ☐ Foyer _____ ☐ Lecture Hall (max. capacity 80)
☐ Other (please specify) _____ ☐ Field 1. Turf _____
☐ Field 2. Turf _____ or Track ☐ _____
☐ Field 3. Natural _____
☐ Parking Lot - Number of Spaces _____

Equipment Request: (Please note: Equipment may not be available)

- ☐ Tables (quantity) _____ ☐ Chairs (quantity) _____ ☐ Mats (quantity) _____
☐ Sports Equipment: Yes _____ No _____ e.g. _____
☐ Other: _____

Food Requirements: You may contact Aramark at 905 940 1252 - Sue

AV Equipment: (Please note: Equipment may not be available)

- ☐ LCD Projector (quantity) _____ ☐ Flip Chart Stand (qty) _____
☐ Microphone (quantity) _____ ☐ Overhead Projector (quantity) _____
☐ Smart board (quantity) _____